| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | W. A |  | 10/15/01 |
| O.I.P.E. CLASSIFIER |  | 49 | 10/22/01 |
| FORMALITY REVIEW | DmW | 751 | 10·31·01 |
| RESPONSE FORMALITY REVIEW |  |  |  |
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## INDEX OF CLAIMS

✔ ................................. Rejected  
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— (Through numeral)... Canceled  
÷ ................................. Restricted  

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If more than 150 claims or 10 actions
staple additional sheet here

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